

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4204

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs</u>		0201	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamber Emergency Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1210 West Spring St.</u>			
3. NAME OF DECEASED (Type or Print) <u>DEMOS</u>		a. (First) <u>R. D.</u>		c. (Last) <u>BARKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19/1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/8/1875</u>	
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) <u>Huntingdale, Henry Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS (OR INDUSTRY)		13a. FATHER'S NAME <u>George Barker</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Roberts</u>	
14. NAME OF HUSBAND OR WIFE <u>Sophia Barker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-14-3734</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sophia Barker El Dorado Spgs</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 19</u> , 19 <u>50</u> , to <u>Feb 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 19</u> , 19 <u>50</u> , and that death occurred at <u>El Dorado Spgs</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George W. Barker M.D.</u>				23b. ADDRESS <u>El Dorado Spgs. Mo</u>		23c. DATE SIGNED <u>Feb 21 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/14/50</u>		REGISTRAR'S SIGNATURE <u>George W. Barker</u>		FUNERARY DIRECTOR'S SIGNATURE <u>Harold Hume</u>		ADDRESS <u>El Dorado Spgs</u>	

(Informant's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 7,  
District File Number 6-50-84  
Date Filed 2-20-50

1950  
2 11 11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*George W. Rafees*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1752

P. O. Address \_\_\_\_\_

*El Dorado 4401 NW*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.